

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/864,551-Conf. #3093
	Filing Date	May 23, 2001
	First Named Inventor	Oren Dobronsky
	Art Unit	2175
	Examiner Name	T. T. Vu
	Attorney Docket Number	343538004US

To: **Commissioner for Patents**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 25096

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input checked="" type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

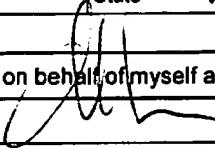
B.  Inventor or  
Assignee or New  
Counsel Name: Keith Smith

Address 14003 SE 43<sup>rd</sup> St.

City	Bellevue	State	WA	Zip	98006	Country
------	----------	-------	----	-----	-------	---------

Telephone	Email
-----------	-------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature: 

Name	Christopher J. Daley-Watson	Registration No.	34,807
------	-----------------------------	------------------	--------

Address Perkins Coie LLP  
P.O. Box 1247

City	Seattle	State	WA	Zip	98111-1247	Country	US
------	---------	-------	----	-----	------------	---------	----

Date	Telephone No.	(206) 359-8000
------	---------------	----------------

**NOTE: Withdrawal is effective when approved rather than when received.**